Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005113	A. BUILDING _____ B. WING _____	12/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KOSCIUSKO COMMUNITY HOSPITAL	2101 E DUBOIS DR WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of one State hospital complaint. Complaint Number: IN00113041 Unsubstantiated: Lack of Sufficient Evidence Date: 12/12/12 Facility Number: 005113 Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor Kosciusko Community Hospital is in compliance with 410 IAC 15-1.5-5, Physician services (Medical staff), 410 IAC 15-1.6.2, Emergency services and 410 IAC 15-1.6.9, Other services (Patient rights), Hospital Licensure Rules. QA: claughlin 12/28/12	S 000		